

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000005299

1. Entity Name

FLYING SIDE-KICK, INCORPORATED

FILED

Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90039 041 ***150.00

Principal Place of Business

13145 Lake Mary Jane Rd.
Orlando, FL 32832

Mailing Address

C/O Carolyn Thomas
P.O. Box 150487
Altamonte Springs, FL 32715

2. Principal Place of Business

Nature's Table VC9
Suite, Apt. #, etc.

3. Mailing Address

Nature's Table VC9
Suite, Apt. #, etc.

242 Towne Center Circle

City & State
Sanford, FL 32771

242 Towne Center Circle

City & State
Sanford, FL 32771

Zip
32771

Country
USA

Zip
32771

Country
USA

4. FEI Number

59-3301359

3304017

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Maze, Terry

Street Address (P.O. Box Number is Not Acceptable)

548 Thames Circle

City

Longwood,

FL

Zip Code
32750

MAZE, TERRY

13145 LAKE MARY JANE ROAD
ORLANDO FL 32832

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D

MAZE, TERRY
13145 LK MARY JANE RD.
ORLANDO FL

☐ Delete

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

D

Maze, Terry
548 Thames Circle
Longwood, FL 32750

☒ Change

☐ Addition

☐ Delete

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

407-365-7372

Daytime Phone #

CR2E034 (9/99)